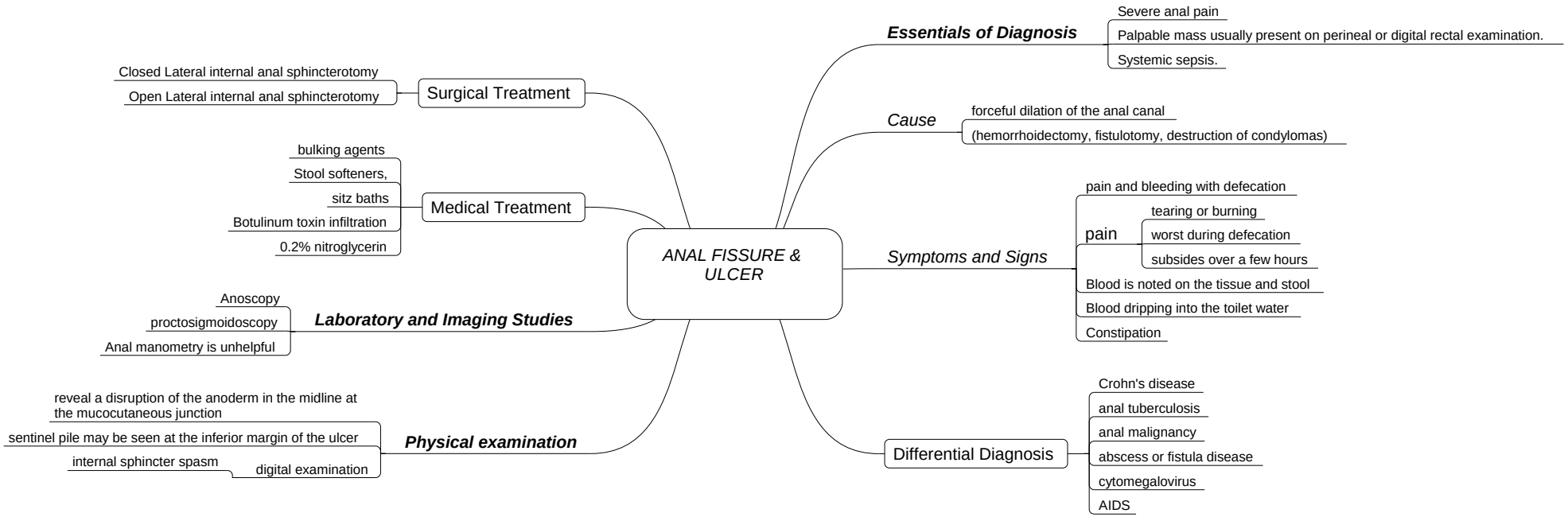
ANAL FISSURE & ULCER
Essentials of Diagnosis
Severe anal pain
Palpable mass usually present on perineal or digital rectal examination.
Systemic sepsis.
Cause
forceful dilation of the anal canal
(hemorrhoidectomy, fistulotomy, destruction of condylomas)
Symptoms and Signs
pain and bleeding with defecation
pain
tearing or burning
worst during defecation
subsides over a few hours
Blood is noted on the tissue and stool
Blood dripping into the toilet water
Constipation
Differential Diagnosis
Crohn's disease
anal tuberculosis
anal malignancy
abscess or fistula disease
cytomegalovirus
AIDS
Physical examination
reveal a disruption of the anoderm in the midline at the mucocutaneous junction
sentinel pile may be seen at the inferior margin of the ulcer
internal sphincter spasm
digital examination
Laboratory and Imaging Studies
Anoscopy
proctosigmoidoscopy
Anal manometry is unhelpful
Medical Treatment
bulking agents
Stool softeners,
sitz baths
Botulinum toxin infiltration
0.2% nitroglycerin
Surgical Treatment
Closed Lateral internal anal sphincterotomy
Open Lateral internal anal sphincterotomy